

APPLICATION FOR RENEWAL OF SELLER - USER'S LICENSE

Complete this application to request a renewal of a Seller-User's License which is needed whenever "special fuels" (#2 fuel oil, diesel, kerosene, LP gas, home heating oil, etc.) are purchased or sold within the State of New Jersey. This renewal is for a period of three (3) years. A payment of the fee of \$150.00 must accompany this application. There is no fee to holders of valid New Jersey Motor Fuel Retail Dealer, Wholesale Dealer, or Distributor Licenses. In general, every Seller-User's license is subject to the filing of a bond in such form and amount as provided by law. Make check or money order payable to: STATE OF NEW JERSEY-MFT, on or before April 1.

Make any necessary changes below for 1 - 51. FID #

OR Soc. Sec. # of owner

2. Name _____
(If INCORPORATED - give Corp. Name; IF NOT - give Last Name, First Name, MI of owner(s))

3. Trade Name _____

4. Business Location:

Street _____

City _____ State Zip Code

(Give 9-digit Zip)

5. Mailing Name and Address - (if different from farm address)

Name _____

Street _____

City _____ State Zip Code

(Give 9-digit Zip)

Please fill in all information below:

6. Type of ownership (check one):

☐ NJ Corporation☐ Sole Proprietor☐ Partnership☐ Out-of-State Corporation☐ Limited Partnership☐ Other - explain _____

7. Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

8. Provide the following information for ALL owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME (Last Name, First, M.I.)	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNED
	TITLE	(Street, City, Zip)	

NOTE: On a separate sheet of paper provide the names of stockholders owning 10% or more of the outstanding shares of stock in the corporation.

9. List parent company, wholly owned subsidiaries, and/or affiliates _____

Item number 10 must be completed by out-of-state businesses.

10. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____

11. List **all** suppliers of special fuels.

a. Name of supply source, street address, city, state, fuel type and FID # (REQUIRED)

_____ FID # _____

_____ FID # _____

_____ FID # _____

b. Names of Contract or Common Carriers who deliver fuel by tank truck or tank car _____

12. Has applicant ever had a New Jersey Motor Fuels License denied, suspended, canceled or revoked? ☐ Yes ☐ No

If yes, explain _____

13. List the location of applicant's storage tank(s), its physical address, type of facility*, storage capacity, whether the property on which the facility rests is owned or leased, and whether the pumps are metered or not.

a. Trade Name b. Street Address	City	County	State Kind of Storage Facilities *	Total Fuel Storage Capacity (Gallons)	Properties Owned (O) Or Leased (L)	Fuels Delivered (thru) Metered Pumps Unmetered Pumps
a. ----- b.						
a. ----- b.						

* Overhead or underground tanks, skid tanks, or drums. Trucks are considered storage for home heating oil.

The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

Name of Applicant

Signature of Owner, Partner or Officer

Title

Date

All information must be provided before the application can be processed.

Return completed application and \$150 fee to:
MOTOR FUEL TAX, PO Box 189, Trenton, NJ 08695-0189

There is no fee to holders of valid New Jersey Motor Fuel Retail Dealer, Wholesale Dealer, or Distributor Licenses.

The information submitted will assist this office in the processing of your request.

The Division of Taxation reserves the right to conduct a thorough investigation prior to renewing this license.

FOR DIVISION USE ONLY

License No. _____

Investigation Initiated _____

Effective Date _____

Investigation Completed _____

Approved _____

Recommendations: _____